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## Weekly Bulletin

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### FULL-TIME PUBLIC HEALTH PROGRAM AND ITS ECONOMIC FACTORS.

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The need for full-time county health departments in California and other Pacific Coast states is very great. At the same time, these western states probably offer greater opportunities for the achievement of results, through the organization and maintenance of full-time county health departments, than do states comprising other geographical units in other parts of the country.

Six full-time county health departments are either organized or in process of organization in California at the present time. The conditions in the average California county, operating under a part-time health program, are not widely different from similar conditions in other counties throughout the United States. Most of these counties have within their borders two or three small incorporated cities, one of which may or may not have a well organized health department—the rural portion of the county depending upon a part-time county health officer for its public health administration. Too often this official is miles away from the locality where his services are needed, and his dependence upon the practice of medicine for his living makes it impossible for him to attend properly to the duties of his office.

On the outskirts of every incorporated city maintaining an organized city health department, there is a "No Man's Land." It is just outside of the city limits of such a municipality that the most flagrant health conditions are permitted to exist. The city health officer has no jurisdiction over this zone, and the county health officer is not inclined to interfere with the affairs of a district which, because of its more congested population, offers problems that are those of a city rather than of a rural territory. It is in this "No Man's Land" that the health of children is generally without supervision. It is here that the one and two-cow dairies are conducted, without regard to health conditions. It is here that all of the nuisances that have to do with faulty sewage disposal are most commonly encountered. It is in this territory that contaminated wells are so frequently found responsible for the prevalence of intestinal infection. It is within this area that peddlers are able, so often, to dispose of stocks of food supplies that are unfit for human consumption. While all of these, and many other, flagrant violations of good public health procedure exist openly, the health officer of the adjoining city can merely look on and suffer the direct results of the lack of health supervision in this outlaw territory, over which he has no jurisdiction. The county health officer, while he may be aware of the unfortunate conditions that exist here, is generally unable, even though will-



ing, to take any hand in bettering these conditions because of the common lack of funds and lack of interest upon the part of the county government.

#### **Isolation is Destroyed.**

The development of state and county highway systems and the increased use of the automobile have removed the isolation of the small rural community. The residents of such communities, through lack of contact with the outside world, were formerly seldom exposed to various infections, chiefly respiratory, that flourish and thrive wherever large groups of individuals are in close association. As a result, these people possess relatively little immunity against such infections, which now are often more prevalent in the rural districts than in urban centers. This fact alone emphasizes the need for protecting the health of the rural resident, who is now exposed to new health risks. This protection is just as necessary as is the protection of the city dweller against the intestinal infections that are more frequently found in the rural districts. Modern transportation, in its destruction of the isolation of the rural community, has brought old health problems into relatively virgin territory and has brought about one of the most important reasons why full-time county health departments should be developed in the West.

Another factor in the spread of communicable diseases in rural districts is the union school. The development of this type of school is also a product of newer transportation methods which have made the old-time district school begin to disappear. Automobile busses now carry pupils from as far away as twenty or more miles to the union grammar or high schools. New contacts, and more extensive contacts, result in the more extensive spread of contact diseases. Supervision over the health of these rural school children is made a matter of the utmost necessity.

#### **Summer Tourists Bring Problems.**

California and Washington, and Oregon as well, because of their scenic marvels, rendered so easily accessible by good roads and extensive camping facilities, attract many thousands of tourists each year. The United States Forest Service provides the best of sanitary camping facilities in the forest reserve camps,

as do most of the municipalities in California. More than one and one-half million people, according to the Forest Service, visit the national forests of California annually. Fully 80 per cent of these visitors are campers. There are not nearly enough camps to provide for this summer tourist army, and there should be at least 300 more improved camps for the accommodation of vacationists who travel by automobile, not from Pacific Coast states alone, but from all parts of the United States.

That there are acute public health problems associated with the seasonal movements of these large groups of individuals, is obvious. The protection of water supplies, the detection of typhoid convalescents and carriers, the maintenance of strict sanitation in supervised camps, and the curbing of promiscuous camping, are but few of these problems that are now only partly solved. The field for the full-time county health unit in this work is almost without limitation. The need for sanitary inspection service in most of the summer resort districts and in the national parks is so great that it is apparent to these million and a half tourists, and the local resident, who most needs the protection that such service affords, is beginning to realize the necessity of its establishment.

#### **Cities Bring Typhoid Reduction.**

In California, the large cities of Los Angeles, San Francisco and Oakland, comprising nearly half of the population of the state, determine absolutely the downward trend of the state's typhoid fever death rate. It is these cities, with their organized, full-time health departments, that constitute the chief factor in reducing the California typhoid mortality rate to the low figure of 4.1 per hundred thousand population in 1921. When it is considered that most community water supplies in California find their sources in surface streams, it is remarkable that the California death rate for this disease is so low. The typhoid fever death rates for the states of Washington, Oregon and California are, almost every year, about twice as high as are similar rates for the large cities within their borders. Occasionally, the typhoid fever death rate for one of these larger cities approaches the higher state rate, but when this occurs, it can nearly always be traced to an outbreak of typhoid fever among the



residents of that city, who have contracted the disease in one of the outlying districts. In 1921, the large cities of the Pacific Coast obtained typhoid fever death rates varying from 1 to 3 per one hundred thousand population. The last published rate for the United States Registration Area showed a typhoid death rate of 7.8 per hundred thousand population. Similar rates for Oregon, Washington and California for 1920, were 4.9, 5.6 and 4.8, respectively, per hundred thousand population. A comparison of the records of these cities with the records for their respective states proves that the cities, in bringing about their low rates, are placed absolutely at the mercy of conditions existing in the surrounding rural districts. If the rural territories of Pacific Coast states were as well organized, from a public health standpoint, as are most of their large cities, typhoid fever might be almost entirely eliminated in this part of the country. The remarkable reductions in the death rate for this disease could not have been made possible without the strong public health organizations of the larger cities. If the rural districts were provided with adequate public health machinery, through the establishment of local full-time health units, California, Oregon and Washington should have annual typhoid fever death rates not higher than 3 per hundred thousand population.

#### Infant Mortality Low in Cities.

Washington and Oregon have the lowest infant mortality rates of any states; and the several cities, both large and small, located within these states, have, according to the American Child Hygiene Association, the lowest infant mortality rates of all cities. For three consecutive years, Seattle, San Francisco and Portland have had the lowest infant mortality rates of all cities in the United States having populations over 250,000. Oakland and Spokane, for the past three years, have had the lowest rates of all cities having populations from 100,000 to 250,000. Berkeley, Long Beach, San Diego and Tacoma have had, during these same years, the lowest rates for all cities having populations of 50,000 to 100,000. The California cities of Pasadena, Santa Cruz and Richmond, as well as Astoria, Oregon, and Aberdeen, Washington, have made records for obtaining the lowest infant mortality rates among

those cities having populations between 25,000 and 50,000, and among cities having populations of 10,000 to 25,000.

While it is true that the factor of climate, with relation to the production of pure milk supplies, has something to do with bringing about these remarkably low infant mortality rates, the chief factor in bringing about these remarkable results lies in the organized effort of these municipalities in saving the lives of their infants. If the rural districts of these Pacific Coast states were organized as thoroughly as are the cities, the Pacific Coast could well challenge New Zealand, or any geographical unit, in the making of low infant mortality rates. The natural advantages of the Pacific Coast in this respect are unusual. The stability of the climate; the absence of extremes in temperature and humidity; good social conditions; educational advantages; absence of over-crowding; the availability of pure milk supplies; the comparative absence of the first generation of the foreign-born; the social conscience of the people—each and all, are factors in the saving of infant lives on the Pacific Coast.

If it were possible to transport to Washington, Oregon and California, during the first year of their lives, all babies and their mothers in other states, the number of lives of American children that could be saved is almost beyond comprehension. It is safe to say, however, that if all children could be born in Pacific Coast cities, their chances of growing to adult life would be vastly greater than they would be by finding other territory within which to be born.

The large cities, with their organized health departments, are setting the pace. Machinery for maternal and child care is provided in every coast city of any size, while in the rural districts, little or none is available. The continuation of these low records, and their further lowering, depends largely upon what these states shall accomplish in the organization of full-time county health units.

#### The Full-Time Health Program.

The minimum unit for a full-time county health department in California consists of a full-time physician as health officer; a public health nurse; a sanitary inspector, and an office clerk—all of whom shall devote full time to the duties of their office.



A minimum of \$10,000 per annum is required in the proposed county budgets. In most counties, it is proposed that the health officer shall have complete jurisdiction over all rural and urban territory within the county. With the development of the full-time health department idea, there is growing a spirit of community responsibility in the safeguarding of community health. The state is stimulating the cultivation of a spirit of local independence and is encouraging every local health department to stand upon its own feet. The state is advising, assisting, stimulating, and providing expert counsel in the encouragement of all local activities for the promotion of local public health. Modern conditions must be met with by the use of modern methods. The increased opportunity for the spread of contact diseases has grown tremendously since modern methods of transportation have done away with the isolation of remote communities. The opportunities for the spread of contact diseases are vastly greater today than they were ten years ago. With a full-time health officer, a public health nurse and a sanitary inspector, constituting a flying squadron, a large amount of

preliminary epidemiological work can be accomplished before calling upon state or federal health authorities for assistance. The development of full-time health units attracts a higher grade of public health official. There is no reason why an outbreak of the more common communicable diseases can not be brought under control through the investigations and supervision of the local department. The state, under the ideal plan, should contribute only expert technical assistance that the local community is not able to provide.

No organization can possibly be stronger than its weakest link. California, Washington and Oregon are now engaged in forging strong chains in their public health organizations. With the natural advantages, such as have been enumerated, the possibilities for making life longer and happier on the Pacific Coast are very great. Public opinion is supporting the development of the idea with full cooperation; and there is every reason to believe that other states must look to their laurels if they are to compete with these young western states in the promotion of longer, happier lives for their people.

#### COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Feb. 10 received by Feb. 13	Week ending			Reports for week ending Feb. 11 received by Feb. 14
	Jan. 20	Jan. 27	Feb. 3		Jan. 21	Jan. 28	Feb. 4	
Anthrax.....	2	0	0	0	0	0	0	0
Botulism.....	--	--	--	--	--	--	--	--
Cerebrospinal Meningitis.....	1	1	6	1	1	1	8	6
Chickenpox.....	172	150	138	166	99	122	107	157
Diphtheria.....	169	206	183	143	336	297	248	161
Dysentery (Bacillary).....	0	2	1	1	0	1	0	0
Epidemic Encephalitis.....	4	9	2	2	4	1	6	1
Epidemic Jaundice.....	0	0	2	4	0	4	0	0
Gonorrhoea.....	57	113	102	183	68	70	118	86
Influenza.....	156	185	184	598	31	68	119	845
Leprosy.....	0	1	0	1	1	0	0	0
Malaria.....	0	1	3	2	0	1	2	3
Measles.....	110	247	252	220	25	14	14	18
Mumps.....	20	18	18	10	117	99	75	100
Pneumonia.....	140	141	144	176	103	100	139	155
Poliomyelitis.....	0	2	1	0	3	4	0	0
Rabies.....	--	--	--	--	--	--	--	--
Scarlet Fever.....	142	151	152	157	132	146	180	133
Smallpox.....	19	10	15	21	162	122	102	67
Syphilis.....	61	134	120	206	65	101	65	127
Tuberculosis.....	161	149	185	166	144	145	147	97
Typhoid Fever.....	15	11	9	9	7	11	11	4
Whooping Cough.....	118	88	103	94	48	57	51	55
Totals.....	1,348	1,619	1,620	2,160	1,345	1,364	1,392	2,015